

December 14, 2006

DHS HCO 06-7235

Mr. Jerry D. Stanger, Chief California Department of Health Services Payment Systems Division MS 4700 P.O. Box 997413 Sacramento, CA 95899-7413

APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN, Medical and Dental — Effective 12/1/06

EXEMPTIONS SUMMARY, Medical and Dental — Effective 12/1/06

Reference: CA HCO Contract #01-15932 Section 3.10.5.2.3 (7)

DHS-HCO #02-1633

H #0802-0650

Dear Mr. Stanger:

THE DIHDONE OF THIS TELLEF IS TO DITOVICE DEDAITHENFOLDI LICATIO SELVICES WITH THE TEDOIT	rpose of this letter is to provide Department of Health Services with the re	enorts listed belo	OV
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MSC-B-M27 – Approved Emergency Disenrollments by Reason and Plan – Medical
MSC-B-M27D – Approved Emergency Disenrollments by Reason and Plan – Dental
MSC-B-M29 – Medical Exemptions Summary
MSC-B-M29D – Dental Exemptions Summary

Note 1: Effective 11/1/06, Care 1st Health Plan will replace UHP Healthcare as a Dental Managed Care PHP in Los Angeles County. (Ref: H-Letters #0606-2329 and #0706-2377)

If you have any questions regarding this report, please contact Harry Gill at (916) 364-6620.

Sincerely,

Signature on Original Copy

Benjamin R. Coss Project Director California Health Care Options

cc: Reports File Admin File – ID #1235



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MSC-B-M27 APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN ALL ACCEPTED MEDICAL EDERS

From 10/26/2006 - 11/27/2006

	2 PLAN & GMC COUNTIES REASONS																										
COUNTY	PLAN NAME	E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	R E A E13	SONS IO1	F01	F02	F03	F04	F05	F06	F09	F10	X01	X03	X04	TOTAL
	Alameda Alliance For Health	0	0	0	0	25	1	2	0	9	0	0	76	3	8	0	0	0	0	0	0	0	0	0	0	2	126
ALAMEDA	Blue Cross of CA Partnrshp	0	0	1	0	12	0	0	0	1	0	0	4	3	1	0	0	0	0	0	0	0	0	0	0	0	22
ALAMEDA	COUNTY TOTAL	0	0	1	0	37	1	2	0	10	0	0	80	6	9	0	0	0	0	0	0	0	0	0	0	2	148
	Blue Cross of CA Partnrshp	0	3	0	0	1	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	6
CONTRA COSTA	Contra Costa Health Plan	0	0	0	0	0	1	0	0	1	0	1	31	1	1	0	0	0	0	0	0	0	0	0	0	1	37
COMMA COOM	COUNTY TOTAL	0	3	0	0	1	1	0	0	1	0	2	31	2	1	0	0	0	0	0	0	0	0	0	0	1	43
	Blue Cross of CA Partnrshp	0	2	0	0	0	35	0	0	0	0	1	13	0	0	0	0	0	0	0	0	0	0	0	0	0	51
FRESNO	Health Net Comm Solutions	0	1	0	0	0	9	0	0	0	0	0	28	0	19	0	0	0	0	0	0	0	0	0	0	1	58
I INCOMO	COUNTY TOTAL	0	3	0	0	0	44	0	0	0	0	1	41	0	19	0	0	0	0	0	0	0	0	0	0	1	109
	Health Net Comm Solutions	2	0	0	0	0	2	0	0	0	0	0	17	4	13	0	0	0	0	0	0	0	0	0	0	0	38
KERN	Kern Family Health Care	1	0	0	0	0	3	0	0	0	0	1	55	0	1	0	0	0	0	0	0	0	0	0	0	1	62
I INCINI	COUNTY TOTAL	3	0	0	0	0	5	0	0	0	0	1	72	4	14	0	0	0	0	0	0	0	0	0	0	1	100
	Health Net Comm Solutions	0	6	0	0	0	169	0	0	5	0	2	359	64	316	0	0	0	0	0	0	0	0	0	0	8	929
LOS ANGELES	L.A. Care Health Plan	2	6	0	0	0	279	3	0	9	1	4	214	60	32	0	0	0	0	0	0	0	0	0	0	21	631
LOS ANGLLES	COUNTY TOTAL	2	12	0	0	0	448	3	0	14	1	6	573	124	348	0	0	0	0	0	0	0	0	0	0	29	1,560
	Inland Empire Health Plan	0	0	0	0	0	21	0	0	8	0	0	65	2	4	0	0	0	0	0	0	0	0	0	0	1	101
RIVERSIDE	Molina Healthcare Partner	0	0	0	0	0	34	0	0	0	0	0	23	3	0	0	0	0	0	0	0	0	0	0	0	1	61
KIVEKSIDE	COUNTY TOTAL	0	0	0	0	0	55	0	0	8	0	0	88	5	4	0	0	0	0	0	0	0	0	0	0	2	162
	Blue Cross of CA Partnrshp	0	6	0	0	0	33	0	0	0	0	0	13	1	1	0	0	0	0	0	0	0	0	0	0	1	55
	Care1st Partner Plan, LLC	0	1	0	0	0	1	0	0	0	0	0	21	0	0	0	0	0	0	0	0	0	1	0	0	0	24
	Health Net Comm Solutions	0	0	0	1	0	10	0	0	1	0	0	35	1	8	0	0	0	0	0	0	0	0	0	1	0	57
SACRAMENTO	KP Cal. LLC	0	1	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	3
OAGRAMERTO	Molina Healthcare Partner	0	0	0	0	0	11	0	0	0	0	0	10	3	0	0	0	0	0	0	0	0	0	0	0	0	24
	WHA Community Health Plan	0	0	0	0	0	3	0	0	2	0	2	3	5	0	0	0	0	0	0	0	0	0	0	0	1	16
	COUNTY TOTAL	0	8	0	1	0	58	0	0	4	0	2	83	10	9	0	0	0	0	0	0	0	1	0	1	2	179
	Inland Empire Health Plan	0	0	0	0	0	14	0	0	5	0	1	67	8	1	0	0	0	0	0	0	0	0	0	0	3	99
SAN BERNARDING	Molina Healthcare Partner	0	1	0	0	0	7	0	0	0	0	0	29	3	4	0	0	0	0	0	0	0	0	0	0	1	45
	COUNTY TOTAL	0	1	0	0	0	21	0	0	5	0	1	96	11	5	0	0	0	0	0	0	0	0	0	0	4	144
	Blue Cross of CA Partnrshp	0	1	0	0	0	7	0	0	0	0	2	6	2	1	0	0	0	0	0	0	0	0	0	0	1	20
	Care1st Partner Plan, LLC	0	1	0	0	0	7	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	10
	Community HIth Grp Partner	0	3	0	0	0	18	0	0	1	0	0	13	0	2	0	0	0	0	0	0	0	0	0	0	0	37
SAN DIEGO	Health Net Comm Solutions	0	1	0	0	0	17	0	0	1	0	1	17	6	22	0	0	0	0	0	0	0	0	0	0	2	67
	KP Cal, LLC	0	0	0	0	0	3	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
ĺ	Molina Healthcare Partner	0	0	0	0	0	18	0	0	3	0	0	5	0	0	0	0	0	0	0	0	0	0	0	1	0	27
	COUNTY TOTAL	0	6	0	0	0	70	0	0	7	0	3	42	8	25	0	0	0	0	0	0	0	0	0	1	3	165
SAN FRANCISCO	Blue Cross of CA Partnrshp San Francisco Health Plan	0	0	0	0	0	0	0	0	3	0	1	3 13	0	0	0	0	0	0	0	0	0	0	0	0	0	22
JAN FRANCISCO	COUNTY TOTAL	0	0	0	0	0	4	0	0	3	0	2	16	0	1	0	0	0	0	0	0	0	0	0	0	0	26
	Blue Cross of CA Partnrshp	0	0	0	0	5	1	0	0	0	0	0	3	0	1	0	0	0	0	0	0	0	0	0	0	1	11
SAN JOAQUIN	Health Plan of San Joaquin	0	0	0	0	12	0	0	0	4	0	0	30	0	8	0	0	0	0	0	0	0	0	0	0	0	54
JAN OUAGON	COUNTY TOTAL	0	Ö	0	0	17	1	0	0	4	0	0	33	0	9	0	0	0	0	0	Ō	0	0	Ō	0	1	65
	Blue Cross of CA Partnrshp 0	0	0	0	1	5	0	0	0	0	1	12	0	0	0	0	0	0	0	0	0	0	0	0	0	19	
SANTA CLARA	Santa Clara Family H.P.	0	2	0	0	0	25	1	0	4	0	0	68	0	9	0	0	0	0	0	0	0	0	0	0	0	109
	COUNTY TOTAL	0	2	0	0	1	30	1	0	4	0	1	80	0	9	0	0	0	0	0	0	0	0	0	0	0	128
	Blue Cross of CA Partnrshp	0	0	0	0	0	1	0	0	0	0	0	17	1	1	0	0	0	0	0	0	0	0	0	0	0	20
STANISLAUS	Health Net Comm Solutions	0	1	0	0	0	5	0	0	0	0	0	19	0	12	0	0	0	0	0	0	0	0	0	0	0	37
	COUNTY TOTAL	0	1	0	0	0	6	0	0	0	0	0	36	1	13	0	0	0	0	0	0	0	0	0	0	0	57
T	Blue Cross of CA Partnrshp	0	0	0	0	0	11	0	0	0	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	0	24
TULARE	Health Net Comm Solutions COUNTY TOTAL	0	0	0	0	0	5 16	0	0	0	0	0	16 29	0	1 1	0	0	0	0	0	0	0	0	0	0	0	46
2 DI ANI 0 /	GMC COUNTY TOTAL	5	36	4	4	56	760	6	0	60	1	19	1,300	171	467	0	0	0	0	0	0	0	4	0	2	46	2.932
Z PLAN & (SINIC COUNTY TOTAL	່ ວ	ახ	1	1	96	700	O	U	UO	1	19	1,300	1/1	40/	U	U	U	U	U	U	U	1	U		40	2,932

MSC-B-M27 APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN

ALL ACCEPTED MEDICAL EDERS

From 10/26/2006 - 11/27/2006

	VOLUNTARY COUNTIES																										
COLINITY	DLANINAME		REASONS																								
COUNTY	PLAN NAME	E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	E13	101	F01	F02	F03	F04	F05	F06	F09	F10	X01	X03	X04	TOTAL
MARIN	KP Cal, LLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SONOMA	KP Cal, LLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VOLUNT	ARY COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		5	36	1	1	56	760	6	0	60	1	19	1,300	171	467	0	0	0	0	0	0	0	1	0	2	46	2,932

REASON CODE

E01 = Incarcerated

E02 = Prior Care

E03 = Enrolled Incorrectly Into a Plan

E04 = Deceased

E05 = Child Protective Services

E06 = Foster Care/Adoption E07 = Problem Using HCP

E08 = Terminated By Plan E09 = Long Term Care E10 = CCS Not in a PCCM Contract

E11 = Other Health Coverage E12 = Moved Out of County

E13 = Pregnancy I01 = System Created

F01 = Could Not Choose Dr F02 = HP Did Not Meet Needs/Bene Pref.

F03 = Dr Did Not Meet Bene Needs

F04 = Too Far To Go

F05 = Did Not Choose Plan

F06 = Moving Out of County F09 = Other Reason

F10 = No Reason Checked

X01 = Waiver Program Exempt X03 = Indian Health Coverage

X04 = Medical Exempt

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